### Airview Estates, Inc. Sewage Treatment Plant

10411 FOREST GARDEN LANE ♦ LOUISVILLE, KENTUCKY 40223 502-426-0061

December 15, 2003

Tom Dorman
Executive Director
KY Public Service Commission
PO Box 615
Frankfort, KY 40602

2003-60494

RF.

Application for an Adjustment in Rates Pursuant to the Alternative Rate Filling Procedure for Small Utilities

This is an application to request Commission approval for an increase in Airview Estates, Inc. Sewage Treatment Plant's rate pursuant to the Alternative Rate Filing Procedure for Small Utilities. Attached is the completed "ARF Application."

The Company has mailed written notice of the proposed rate change and the estimated amount of increase per customer class to each customer. A copy of the customer notification letter and affidavit from the Company's Owner verifying that the notice has been mailed to each customer is enclosed.

A copy of this application and related filings has been sent to the Office of the Attorney General, State Capitol Building, Suite 118, Frankfort, KY 40601.

Sincerely,

Fred Schlätter, President

Enclosure

### AIRVIEW ESTATES, INC. SEWAGE TREATMENT PLANT

# APPLICATION FOR RATE ADJUSTMENT BEFORE THE PUBLIC SERVICE COMMISSION OF KENTUCKY

**DECEMBER 15, 2003** 

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### APPLICATION FOR RATE ADJUSTMENT BEFORE THE PUBLIC SERVICE COMMISSION

For Small Utilities
Pursuant to 807 KAR 5:076
(Alternative Rate Filing)

	A	irview Esta	tes, Inc. Sewa	ge Tre	atment P	lant	
			Name of Ut	ility			
		104	11 Forest Gar	den La	ane		
		;	Louisville, KY	40223	<b>.</b>		
			siness Mailing				
Tele	phone Numbe	er 502 /	426 - 0061				
10,0	priorio riamo	Area Cod		Nun	nber		
			I. Basic Infor	mation	I		
	espondence		a <u>nd</u> Telephone nications conc			•	
	Name:	Fred Sch	latter, Preside	nt		<del></del>	
	Address:	<u>10411 Fo</u>	rest Garden L	ane			
		Louisville	e, KY 40223				
	Telephone	Number:	502 - 426 - 00	061			
1)	Do you hav	e 500 custo	mers or fewer?	ı		Yes	No
2)	2) Do you have \$300,000 in Gross Annual Revenue or less?						No
3)	3) Has the Utility filed an annual report with this Commission for the past year and the two previous years?						No
4)	Are the ut from any enterprise?	other	ds kept separa commonly-own			Yes	No

NOTICE: To be eligible for consideration of a rate adjustment under this regulation, you must have answered <u>yes</u> to either question 1 or 2 and <u>yes</u> to both questions 3 and 4 above. If you answer <u>no</u> to questions 3 or 4, you must obtain written approval from the Commission prior to filing this Application. If these requirements are not met, you must file under the Commission's procedural rules, 807 KAR 5:001.

### II. Increased Cost Information

- (1) The most recent Annual Report will be used as the basic test period data in order to determine the reasonableness of the proposed rates. The Annual Report used as the basis for the 12 months ending December 31, 2002.
  - a. If you have reason to believe some of the items of revenue and expense listed in the Annual Report will increase or decrease, please list each item, the expected increase or decrease and the adjusted amount.

		est Period Operations	Pro Forma djustments	Adj. Ref.	Pro Forma Operations	
Operating Revenues:						
Residential Flat Rate	\$	53,729	\$ 1,183	(a)	\$	54,912
Operating Expenses:						
Operation & Maintenance:						
Owner/Manager Fee	\$	3,600	\$ 0		\$	3,600
Other - Management Fee	•	2,750	250	(b)		3,000
Sludge		990	0			990
Hauling						
Utility Service - Water		8,076	(7,507)	(c)		569
Other - Testing/Analysis Fee		10,020	(140)	(d)		9,880
Fuel & Power – Electricity		4,135	0			4,135
Chemicals		530	0			530
Routine Maintenance Fee		6,600	1,800	(e)		8,400
Maint - Collection System		1,753	0			1,753
Maint - Pumping System		1,848	(1,712)	(f)		136
Maint - Treatment & Disposal		16,674	(6,849)	(g)		9,825
Maint - Other Plant		1,650	0			1,650
Agency Collection Fees		2,284	0			2,284
Office Supplies & Other Exp.		119	0			119
Outside Services Employed		2,583	0			2,583
Insurance		1,466	0			1,466
Transportation		33	0			33
Total Operation & Maint.	\$	65,111	\$ (14,158)		\$	50,953
Depreciation		967	(210)	(h)		757
Amortization		0	2,854	(i)		2,854
Taxes Other Than Income		1,308	0			1,308
Total Operating Expenses	\$	67,386	\$ (11,514)	٠	\$	55,872
Net Operating Income	\$	(13,657)	\$ 12,697		\$	(960)

b. Please describe each item that you adjusted on page 2 and how you know it will change. (Please attach invoices, letters, contracts or receipts which will help in proving the change in cost).

Refer to Attachment A for descriptions and the supporting calculations for each proposed pro forma adjustment.

c. Please list your present and proposed rates for each class (i.e., residential, commercial, etc.) of customer and the percentage of increase proposed for each class:

		resent	Proposed	Percentage	
Customer Class	Mon	thly Rate	Monthly Rate	Increase	
Flat Residential Rate - Interest	\$	23.96	\$ 28.45	18.740%	
Monthly Construction Surcharge		0.00	17.31	N/A	

### III. Other Information

a. I lease complete the following question	a.	Please complete	the	following	question
--	----	-----------------	-----	-----------	----------

1)	Please describe any events or occurrences, which may have a	Г
•	effect on this rate review that should be brought to the	е
	Commission's attention (e.g., excessive line losses, major repairs	s,
	planned construction).	

2) **Total number of Customers** as of the date of filing: 191 3) Total amount of increased revenue requested: (Exhibit C) \$10,297; Surcharge \$39,663 4) Please circle Yes or No: a) Does the utility have any outstanding indebtedness? Yes No If yes, attach a copy of any documents such as promissory notes, resolutions, mortgage agreements, etc. b) Were all revenues and expenses listed in the Annual Report for 2002 incurred and collected from January 1 to December 31 of that year? Yes No If no, list total revenues and total

prior

to

subsequent to this period and attach invoices or other analysis which show

incurred

how amounts were calculated.

expenses

5) Attach a copy of the utility's depreciation schedule of utility plant in service. Reconcile any differences between total depreciation shown on the Annual Report for <u>2002</u> and the amount shown on this schedule.

Pro forma depreciation schedule attached hereto as Attachment B.

- 6) If utility is a sewer utility:
  - a) Attach a copy of the latest State and Federal Income Tax Returns. Copies of the Income Tax Returns are attached.
  - b) How much of the utility plant was recovered through the sale of lots or other contributions \_\_\_\_\_\_ \$ or %? (If unknown, state the reason).

b. Please state the reason or reasons why a rate adjustment is requested. (Attach additional pages if necessary).

The current rate is not adequate to cover increases in the operating expenses that have occurred since Airview's last rate case. Also, Airview is not able to fund its capital expenditures that are required to meet the Division of Water and Commission regulatory standards. Airview is requesting a 3-year surcharge to fund those capital costs.

### IV. Billing Analysis

The billing analysis is the chart reflecting the usage by the customers as well as the revenue generated by a specific level of rates. A billing analysis of both the current and proposed rates is mandatory for analysis of this rate filing. The following is a step-by-step description which may be used to complete the billing analysis. A completed sample of a billing analysis is also included. Although the sample reflects water usage, it is equally applicable for gas companies using declining block rate design. This billing analysis is not intended for companies using a flat rate design. N/A – Sewer customers are charged a flat rate.

### a. <u>Usage Table</u> (Usage by Rate Increment)

Information needed to complete the usage table should be obtained from the meter books or other available usage records. The usage table is used to spread total usage into the proper incremental rate step.

Column No. 1 is the incremental steps in the present or proposed rate schedule for which the analysis is being made. Column No. 2 is the number of bills in each incremental rate step. Column No. 3 is the total gallons used in each incremental rate step. Column Nos. 4, 5, 6, 7, 8, and 9 are labeled to correspond to the incremental rate steps shown in Column No. 1 and contain the actual number of gallons used in each incremental rate step.

Example for completing Usage Table is as follows:

Column No. 1 is incremental rate steps.

Columns numbered 2 and 3 are completed by using information obtained from usage records.

Columns numbered 4, 5, 6, 7, 8, and 9 are completed by the following steps:

Step 1:

1<sup>st</sup> 2,000 gallons minimum bill rate level

432 Bills

518,400 gallons used

All bills use 2,000 gallons or less, therefore, all usage is recorded in Column 4.

Step2:

Next 3,000 gallons rate level

1,735 Bills

4,858,000 gallons used

 $1^{st}$  2,000 minimum x 1,735 bills = 3,470,000 gallons –

record in Column 4.

Next 3,000 gallons – remainder of water over 2,000 = 1,388,000 gallons – record in Column 5.

Step3:

Next 10,000 gallons rate level

1,830 Bills

16,268,700 gallons used

1<sup>st</sup> 2,000 minimum x 1,830 bills = 3,660,000 gallons – record in Column 4.

Next 3,000 gallons x 1,830 bills = 5,490,000 gallons – record in Column 5.

Next 10,000 gallons – remainder of water over 3,000 = 7,118,700 gallons – record in Column 6.

Step4:

Next 25,000 gallons rate level

650 Bills

15,275,000 gallons used

1<sup>st</sup> 2,000 minimum x 650 bills = 1,300,000 gallons – record in Column 4.

Next 3,000 gallons x 650 bills = 1,950,000 gallons - record in Column 5.

Next 10,000 gallons x 650 bills = 6,500,000 gallons – record in Column 6.

Next 25,000 gallons – remainder of water over 10,000 = 5,525,000 gallons – record in Column 7.

Step5:

Over 40,000 gallons rate level

153 Bills

9,975,600 gallons used

1<sup>st</sup> 2,000 minimum x 153 bills = 306,000 gallons - record in Column 4.

Next 3,000 gallons x 153 bills = 459,000 gallons - record in Column 5.

Next 10,000 gallons x 153 bills = 1,530,000 gallons - record in Column 6.

Next 25,000 gallons x 153 bills = 3,825,000 gallons - record in Column 7.

Over 40,000 gallons – remainder of water over 25,000 = 3,855,600 gallons – record in Column 8.

Step6:

Total each column for transfer to Revenue Table.

### b. Revenue Table (Revenue by Rate Increment)

The Revenue Table is used to determine the revenue produced from the Usage Table. Column No. 1 is the incremental rate steps in the rate schedule for which the analysis is being made. Column No. 2 indicates the total number of bills. Column No. 3 is the number of gallons accumulated in each rate increment (Totals from Columns 4, 5, 6, 7, and 8 of the above usage table). Column No. 4 is the rates to be used in determining revenue. Column No. 5 contains the revenue produced.

### Revenue from Present/Proposed Rates Test Period from 01-01-XX to 12-31-XX

### **USAGE TABLE**

Usage by Rate Increment

Class: Residential

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Bills	Gallons/Mcf	First 2,000	Next 3,000	Next 10,000	Next 25,000	Over 40,000	Total
First 2,000 Minimum Bill	432	518,400	518,400					518,400
Next 3,000 Gallons	1,735	4,858,000	3,470,000	1,388,000				4,858,000
Next 10,000 Gallons	1,830	16,268,700	3,660,000	5,490,000	7,118,700			16,268,700
Next 25,000 Gallons	650	15,275,000	1,300,000	1,950,000	6,500,000	5,525,000		15,275,000
Over 40,000 Gallons	153	9,975,600	306,000	459,000	1,530,000	3,825,000	3,855,600	9,975,600
Totals	4,800	46,895,700	9,254,400	9,287,000	15,148,700	9,350,000	3,855,600	46,895,700

### REVENUE TABLE Revenue by Rate Increment

(1)	(2) Bills	(3) Gallons/Mcf	(4) Rates	(5) Revenue
First 2,000 Minimum Bill	4,800	9,254,400	\$ 5.00 Minimum Bill	\$ 24,000.00
Next 3,000 Gallons		9,287,000	\$ 2.50 per 1,000 Gal.	23,217.50
Next 10,000 Gallons		15,148,700	\$ 2.00 per 1,000 Gal.	30,297.40
Next 25,000 Gallons		9,350,000	\$ 1.25 per 1,000 Gal.	11,687.50
Over 40,000 Gallons		3,855,600	\$ 0.75 per 1,000 Gal.	2,891.70
Totals	4,800	46,895,700		\$ 92,094.10 Total Revenue

### Instructions for Completing Revenue Table:

- (1) Complete Columns No. 1, 2, and 3 using information from Usage Tables.
- (2) Complete Column No. 4 using rates either present or proposed.
- (3) Column No. 5 is completed by first multiplying the bills times the minimum charge.
- (4) Then, starting with the second rate increment, multiply Column No. 3 by Column No. 4 and total.

### V. General Information/Customer Notice

- 1) Filing Requirements:
  - a. If the applicant is a corporation, a certified copy of its articles of incorporation must be attached to this application. If the articles and any amendments thereto have already been filed with the Commission in a prior proceeding, it will be sufficient to state that fact in the application and refer to the style and case number of the prior proceeding.
  - b. An original and 10 copies of the completed application should be sent to:

Executive Director
Kentucky Public Service Commission
211 Sower Boulevard
Post Office Box 615
Frankfort, Kentucky 40602

Telephone: 502 / 564 – 3940

c. One Copy of the completed application should also be sent at the same time to:

Public Service Litigation Branch Office of the Attorney General Post Office Box 2000 Frankfort, Kentucky 40602-2000

- 2) A copy of the customer notice must be filed with this application. Proper notice must comply with Section 4 of this regulation.
- 3) Copies of this form and the regulation may be obtained from the Commission's Office of Executive Director; or by calling 502 / 564 3940.
- 4) I have read and completed this application, and to the best of my knowledge all the information contained in this application is true and correct.

Signed	Officer of the Company
Title	President
Date	12-15-03

### EXHIBIT A PROPOSED PRO FORMA ADJUSTMENTS

a. Normalized Op	erating Revenu	ıe:	Ţ[			<del></del>
Revenue normaliz	ation using end	of period custon	ners and the curr	ent tariffed rate.	<del></del>	<del></del>
		TE	· · · · · · · · · · · · · · · · · · ·		rr . r	
Tariffed Monthly R		Ш <u></u>			\$	24
Multiplied by: Rat			<u> </u>			19
Monthly Normalize		venue			\$	4,570
Multiplied by: 12-I						12
Normalized Opera		<u> </u>			\$	54,912
Less: Reported O	<del>``.</del>	ie				53,729
Pro Forma Adjustr	nent				\$	1,183
b. Management I						
Management fee r	eflected only 11	months.				
Monthly Fee			<u> </u>		\$	250
Multiplied by: 12-	Months			1	T	12
Annual Manageme			<del>    </del>	<del>- </del>	\$	3,000
Less: Reported M			<del> </del>    -	<del></del>	Ψ -	2,750
Pro Forma Adjustn	<del></del>		# #	-	\$	250
			<del>                                     </del>			
c. Utility Service	- Water:	<u> </u>	<del>  </del>	<del> </del>	<del>                                     </del>	
Test-period water		erstated due to t	he recirculation p	oump being broker	ll.	
Che	ok	Sen	ice II	Purchases	<del></del> -	Total
Date	No.	From	To	Gal.	<del> </del>	Billed
03/10/03	3327	<u> </u>	<u> </u>			
04/03/03	3335	01/07/03 02/06/03	02/06/03	29,700	\$	147 18.34
05/05/03	3343	03/07/03	04/03/03	200		18.34
06/02/03	3355	04/03/03	05/07/03	5,600	<del>                                     </del>	35.04
07/07/03	3367	05/07/03	06/05/03	0,000		18.34
01101103			11 25/05/05			237
Totals		,	{}	35,500)	351	231
				35,500 7,100	\$	
Totals				7,100	\$	47
Totals						
Totals 5-Month Averages	Cost in 2003				\$	47 47
Totals  5-Month Averages  Average Monthly C	Cost in 2003 Months				\$	47 47 12.00
Totals 5-Month Averages Average Monthly C Multiplied by: 12 N	Cost in 2003 Months Pervice - Water				\$	47 47 12.00 569
Totals  5-Month Averages  Average Monthly C  Multiplied by: 12 N  Pro Forma Utility S	Cost in 2003 Months Fervice - Water tee - Water				\$	47

d. Testing/Analys					
Normalized testing	y/analysis expen	se reflects the KPDES testi	ng requiremen	t and the currer	t fee.
	<del></del>	<u> </u>			
Fee per Test				\$	190
Multiplied by: # of	Tests per Year	- Weekly 52			52
Pro Forma Level				\$	9,880
Less: Test Period					10,020
Pro Forma Adjustn	nent			\$	(140)
·.					
e. Routine Mainte					
In 2003, Airview's I operator.	licensed operato	or quit. This adjustment reco	ognizes the mo	ontlhy fee of the	new.
Pro Forma Monthly	/ Fee			[ \$	700
Multiplied by: 12-N	Months				12
Pro Forma Level				\$	8,400
Less: Test Period	Level		<del>-     -   -   -   -   -   -   -   -   -</del>		6,600
Pro Forma Adjustment				\$	1,800
f. Maint - Pumping	System:			<del></del>	<del> </del>
		hat has been amortized rath	ner than expens	sed.	
Vend	ОГ	Description	<del>-</del>		Amount
Quality Electric Motor Ser.	38577	Rebuilt Seweage Pump		\$	(1,712)
g. Maint - Treatme					
Remove nonrecurr replaced so all repa	ing ependiture t air costs have b	hat has been amortized rath een removed.	er than expens	sed. Also, lift s	sation being
Vend	or	Description			Amount
Covered Bridge Uti	lities			\$	(639)
Covered Bridge Uti	lities			<del></del>	(551)
Maintenance Lift St	tation		<del>-     </del>	1 1	(5,659)
Pro Forma Adjustm	nent			\$	(6,849)
].					
	<u> </u>	<u> </u>			

h. Depreciation:								<u> </u>	
Results of deprecia	tion schedule	attached	d hereto a	s Exhibit B					
		न		<u> </u>	11 1	Pro Forma Depreciation			
Descrip	tion			<del> </del>	$-\parallel - \parallel$	Accum. Bal.		Expense	
Aluminum Boat				<del>  </del>					
L					_    \$	365	\$	86	
Improvements						6,438		394	
New Sewer Line					_	1,267		83	
Compressor		<del>   </del>				301	11	26	
Blower (Hydro Aere	obic)					700			
Chlorinator					_	1,120		80	
Stihl Grass Trimme	Γ					108		30	
Drill			_			35		28	
Saw						38		30	
Pro Forma Deprecia	ation				\$	\$ 10,372 \$		757	
Less: Reported De	preciation							967	
Pro Forma Adjustm	ent					\$ (2			
h. Amortization:									
Amortization of non	recuring expe	nditures	that have	been remov	ed from	n expenses.			
						Amortization			
	, .=							Expense	
Description	Year		Cost			Life		Pro Forma	
Rebuilt Pump	2002	\$	8,561			3	\$	2,854	

EXHIBIT B
DEPRECIATION SCHEDULE

	Date	Depre	ciation			Accu	m. Bal.	Exp	ense	Accu	ım. Bal.	Pro Fo	orma
Description	Acquired	Meth	Life	Cos	t/Basis	12/	31/01	12/3	1/02	12	/31/01	Expe	ense
Aluminum Boat	10/01/98	S/L	7	\$	600	\$	279	\$	86	\$	365	\$	86
Improvements	_	S/L	19		7,481		6,044		394		6,438		394
New Sewer Line		S/L	31		2,576		1,184		83		1,267		83
Compressor	09/16/91	S/L	20		526		275		26		301		26
Blower (Hydro Aerobic)	07/01/95	S/L	. 7		700		650		50		700		0
Chlorinator	04/23/98	S/L	5		1,200		880		240		1,120		80
Stihl Grass Trimmer	05/25/99	S/L	7		212		78		30		108		30
Drill	10/01/01	S/L	7		196		7		28		35		28
Saw	10/13/01	S/L	7		211		8		30		38		30
			_	\$	13,702	\$	9,405	\$	967	\$	10,372	\$	757

### EXHIBIT C RATE AND SURCHARGE CALCULATIONS

Revenue Requirement Determination		
Pro Forma Operating Expenses	\$	<u>55,872</u>
Divided by: Operating Ratio		88%
Subtotal	\$	63,491
Less: Pro Forma Operating Expenses		55,872
Net Operating Income After Income Taxes	\$	7,619
Multiplied by: Gross-up Factor		1.2254902
Net Operating Income Before Income Taxes	\$	9,337
Add: Pro Forma Operating Expenses		55,872
Revenue Requirement from Rates	\$	65,209
Increase in Operating Revenue from Rates		
Revenue Requirement from Rates	\$	65,209
Less: Normalized Operating Revenue from Rates		54,912
Requested Increase	\$	10,297
		<del></del>
Determination of Requested Monthly Rate		
Revenue Requirement from Rates	\$	65,209
Divided by: 12-Months		12
Monthly Revenue Requirement	\$	5,434.08
Divided by: End-of-Period Customer Level		191
Monthly Rate per Customer	\$	28.45
	Es	stimated
Description		Cost
Remote Lift Station		
Install New Guide Rail Assemblies, 24", 7.5 H.P. non-clog		
Submersible Sewage Pumps, and a Control Panel	\$	22,552
Sewage Treatment Plant		
2 Blower Motor Assemblies & New Electrical, Control Panel		11,893
13 1 1/4" Diffuser Drops with 3/8" Diffusers		4,145
Pump-out & Dispose of Sludge in Lagoon		75,000
Gravity Sewer Mains		
Video Inspection of Mains	<del> </del>	5,400
Estimated Construction Cost	\$	118,990

	Constru	ction Surcha	rge (	Calculation		
		2-Year		3-Year	4-Year	5-Year
Estimated Construction Cost Divided by: No. of Months	\$	118,990 24	\$	118,990 36	\$ 118,990 48	\$ 118,990 60
Monthly Surcharge Collections Divided by: No. of Ratepayers	\$	4,957.92 191	\$	3,305.28 191	\$ 2,478.96 191	\$ 1,983.17 191
Monthly Surcharge	\$	25.96	\$	17.31	\$ 12.98	\$ 10.38

Airview Estates, Inc. Sewage Treatment Plant 10411 Forest Garden Lane Louisville, KY 40223 (502) 426-0061

December 15, 2003

Tom M. Dorman Executive Director KY Public Service Commission P.O. Box 615 Frankfort, KY 40602-0615

Dear Mr. Dorman:

This letter is to certify that Airview Estates, Inc. Sewage Treatment Plant has sent notice of the proposed rate increases to each of its customers by mail. A copy of the notice is enclosed. The notices were mailed on December 15, 2003 by U.S. Postal Service.

Fred Schlatter, President

### Airview Estates, Inc. Sewage Treatment Plant

10411 FOREST GARDEN LANE ♦ LOUISVILLE, KENTUCKY 40223

502-426-0061

#### **Notice**

This is to inform you that the Airview Estates, Inc. Sewage Treatment Plant is requesting an increase in the sewer rates as follows:

•.	Existing	Proposed	Percentage <u>Increase</u>
Flat Monthly Residential	\$ 23.96	\$ 28.45	18.74%
Monthly Surcharge	\$ 0.00	\$ 17.31	N/A

The rates contained in this notice are the rates proposed by the Airview Estates, Inc. Sewage Treatment Plant. However, the Public Service Commission may order rates to be charged that are higher or lower than the rates proposed in this notice.

Any corporation, association, body politic or person may request leave to intervene by motion within thirty (30) days after notice of the proposed rate changes is given. A motion to intervene shall be in writing, shall be submitted to the Executive Director, Public Service Commission, 211 Sower Boulevard, P.O. Box 615, Frankfort, Kentucky, 40602, and shall set forth the grounds for the motion, including the status and interest of the party movant.

Copies of the application may be obtained at no charge from Airview Estates, Inc. Sewage Treatment Plant at 10411 Forest Garden Lane, Louisville, Kentucky 40223. Upon request from an intervenor, the applicant shall furnish to the intervenor a copy of the application and supporting documents

Airview Estates, Inc. Sewage Treatment Plant

### AIRVIEW ESTATES, INC

**Articles of Incorporation** 



#### OFFICE OF THE SECRETARY OF STATE BREMER EHRLER, SECRETARY OF STATE

### APPLICATION FOR REINSTATEMENT OF CHARTER OF CORPORATION ADMINISTRATIVELY DISSOLVED

(Stock Corporations)

Pursuant to the provisions of KRS Chapters 271B,	
AIRVIEW ESTATES, INC. , a Kentucky	corporation whose
charter was administratively dissolved by the Secretary of State onJULY	10, 1989
hereby applies for a certificate of reinstatement, and states as follows:	
(1) The grounds for dissolution either did not exist or have been elimin	nated;
(2) The corporation's name satisfies the requirements of KRS 271B.4-01	0.•
This application is accompanied by:	
X (1) A certificate from the Kentucky Revenue Cabinet reciting that all taxes	owed by the corpor-
ation have been paid; and	
X (2) Past due annual verification reports for the years 1988-1991, and	fee of \$ <u>55.00</u>
for filing such reports; and	
X (3) A current statement of registered office and registered agent and f	ee of \$ <u>10.00</u>
for filing such change (if failure to maintain either or both was the ground	ds for administrative
dissolution); and	
(4) An amendment to the articles of incorporation to extend the corporation	is period of duration
and filing fee of \$ (if expiration of duration was the ground	ls for administrative
dissolution); and	
(5) Reinstatement penalty of \$100.	
Dated this 23 day of March	10 97.
	, , ,, <u></u> .
Name of Corporation	<u> </u>
# 5 0405	
Signature of Officer	1
	*

Before filing an application for reinstatement, each corporation should call the office of the Secretary of State to make certain that its corporation name is still available for its use. If a corporation's name is not available for its use at the time of peinstatement, it must file articles of amendment, changing (Please see reverse side for instructions) its name,

SSC-110(4/89)

BOOK 424 PAGE 827

#### INSTRUCTIONS

424 PAGE 828

1. Please submit one originally signed and two (2) exact or conformed copies of application (may be photocopies). Application must be signed by a corporate officer, or chairman of the corporation's board of directors. Two file stamped copies will be returned to you as evidence of filing. One file stamped copy shall then be filed with the county clerk of the county in which the corporation's registered office is situated. Second file stamped copy shall be retained by corporation. Such file stamped copy shall serve as Certificate of Reinstatement of Corporate Charter.

B00X

- 2. Please make check for reinstatement penalty payable to the Kentucky State Treasurer in the amount of \$100.
- 3. Reinstatement penalty fee and application shall be mailed to the SECRETARY OF STATE, P. O. Box 718, Frankfort, KY 40602-0718. Application and penalty shall be accompanied by:
  - (a) A certificate from the Kentucky Revenue Cabinet reciting that all taxes owed by the corporation have been paid;\*
  - (b) Any past due annual verification reports and the fee for filing such reports; and
  - (c) A current statement of registered office and registered agent and fee for filing such change (if failure to maintain either or both was the grounds for administrative dissolution); and
  - (d) An amendment to the articles of incorporation to extend the corporation's period of duration (if expiration of duration was the grounds for administrative dissolution).

Note: Time Limit for Reinstatement

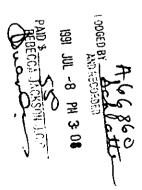
Any corporation whose charter is administratively dissolved must apply to the Secretary of State for reinstatement within two years of date of administrative dissolution.

\*Certificate from Revenue Cabinet - Please request this certificate by writing to the Revenue Cabinet. Written request to the Revenue Cabinet must be signed by a corporate officer and mailed to the following address:

Kentucky Revenue Cabinet Corporation Income Tax Division P.O. Box 1302 - Station 52 Frankfort, Kentucky 40602

Certificate from the Revenue Cabinet should not be more than thirty (30) days old at time of filing with Secretary of State.

Please submit original of certificate from Revenue Cabinet.



BODK 424 PAGE 828

END OF DUCUMENT

J



### OFFICE OF THE SECRETARY OF STATE BREMER EHRLER, SECRETARY OF STATE

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENTS OR BOTH

OR BOTH
Pursuant to the provisions of Kentucky Revised Statutes Chapters 271B or 273, the
undersigned corporation organized in the state of <u>Kentucky</u> submits the
following statement for the purpose of changing its registered office or registered agent or both
in the Commonwealth of Kentucky:
The name of the corporation Airview Estates, Inc.
Street address of its present registered office 7329 St Andrews Church Road Louisville, Ky
Street address of registered office is hereby changed to
7819 Cordinal Hill Road Lov. Xy 40214
Name of present registered agent <u>Fred H. Schlatter</u>
Name of registered agent is hereby changed to
The street address of its registered office and the street address of the business office of its
registered agent, as changed will be identical.
Dated 23 - 1991.  CONSENT OF NEW AGENT  Name of Corporation  I consent to serve as new registered agent
By X And Station.  Signature of Officer  for this corporation.
Title of Officer  Signature of New/Agent
(Please see reverse side for instructions)  800K 424 PAGE 829



### OFFICE OF THE SECRETARY OF STATE

## CERTIFICATE OF EXISTENCE DOMESTIC CORPORATION

I, BREMER EHRLER, Secretary of State of the Commonwealth of Kentucky, do
hereby certify, that according to the records in the office of the Secretary of State
of the Commonwealth of Kentucky,
AIRVIEW ESTATES, INC.
is a corporation organized and existing under the laws of the Commonwealth of
Kentucky, whose date of incorporation is FEBRUARY 1, 1980 ;
and whose period of duration isPERPETUAL
I further certify, that said corporation has paid all fees due and owing to the of-
fice of the Secretary of State of the Commonwealth of Kentucky to date; has
•
delivered to the Secretary of State its most recent annual report, as required by
KRS 271B.16-220 or 273.3671; and has not filed articles of dissolution.
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official
Seal, at Frankfort, Kentucky, this 2ND. day of JULY ,
19 _91 .
Bremer Ehler
BREMER EHRLER

nw

Secretary of State

Commonwealth of Kentucky

OPPORAL COPY FILED

RESIDENT OF ENCORPORATION

ALIMITEM ESTATES, DIC.

DOOR ALL HOLL BY THESE PRESENTS:

۔ لاہ

Dat Fred M. Schletter, of Jefferson County, Kentucky, does berely form a Componential in accordance with the laws of the Commonwealth of Kentucky for the particles of Incorporation as following

I BOTTOM

The Name of the Corporation shall be:

ALRYIDY ESTATES, INC.

AKTICLE II

to-witz

reloping and improving of real estate by grading, draining, building of streets and improving of real estate by grading, draining, building of streets and improving at real estate by grading, draining, building of streets and improving all types of buildings and structures; to exchange, reat, option, mertgage, sell and convey real estate; to subdivide real estate; to purchase, lease or otherwise acquire all kinds of personal property; to sell, mortgage, convey or otherwise dispose of all kinds of personal property; to engage in any and all enterprises incident to the business of developing, subdividing, and improving real estate and incident to the business of constructing and renting houses, apartment buildings, commercial buildings condominiums and other structures; to sell, mortgage, lease or otherwise dispose of or deal is mining claims, mineral rights or surface rights; to own, operate, lease, sublease or option any business enterprises or durity that may be necessary or advantageous to this Corporation.

the foregoing enumeration of powers shall not be considered as limitation, but rather as enlargement of the powers of this Corporation generally, and said powers shall be deemed and construed to be conferred in addition to those powers greated by faw to the Corporation as such, and this Corporation, in addition to these specific powers aforementioned shall have all general powers reasonably assessably to effect the successful conduct of its business.

ARTICLE III

The duration of this Corporation shall be perpetual, subject to its being

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#### ARTICLE IV

The address of the Corporation is 7329 St. Andrews Cherck Roods Lou Jefferson County, Kentucky. The Corporation's resident agent is Fred M. Schie of 7329 St. Andrews Church Road, Louisville, Jefferson County, Eantacky.

#### AKTICLE Y

The tetal number of shares which the Corporation is authorized to iss One Thousand (1000) shares of common stock, of par value of \$100.00 sech. making a tetal authorized Capital Stock of One Hundred Thousand Dollars (\$100,000.00). Each share shall have equal and full woting rightsugget

There shall be one class of shares and it shall be common

AKTICLE YI

The amount of paid in capital with which this Corporation will begin: business is One Thousand Dollars (\$1,000.00).

#### ARTICLE VIII

The name, address and number of shares subscribed by each of the Incorporators is as follows:

OF SHARES ADDRESS 7329 St., Andrews Church Road Fred M. Schlatter Louisville, Kentucky

### AKTICLE IX

The Incorporator shall have the pre-amptive right to purchase shares & the Corporation as issued, Treasury Shares and shares offered for sale.

#### AKTICLE X

Datil the first meeting of the shereholders, two directors shall serve in Bankly fred N. Schlatter and Ruby Schlatter, both of 7329 St. Andrews Church Road, Lorisville, Kentucky, and thereafter the number of persons to constitutes the Board of Directors shall be not less than two nor more than five, the exact number to be fixed by any special meeting of shareholders called for the purpose of electing directors on at any annual meeting of shareholders at which Director éré electre.

### HAMILE II चार्रिकात्वाकी हिल्लाके कार्

The Board of Directors, following the shareholders sheeting, thall electing a President and a Socretary-Treasurer. These two officers shall hald office

100 / 268 at 389 E

286 - 390 AKTICLE XII The Board of Mirectors shall have the power to make Ry-laws and Rules to regulate the business of the Corporation, and such regulations boscorating th transfer of Capital Stock as will not be inconsistent with the provisions of these Articles or the laws of the State of Kentucky. Provided, however, that May 3 restrictions or imitations that may be placed on the transfer of said capitalis stack shall be fully set forth, or referred to, on the cortificate of stack Itself in the 2. 多於關係 THE TOTAL The private property of the stackholders shall not be subject to the pay of the debts of the Corporation to any extent whatever. IN TESTIMONY MERCOF, witness the signature of the Incorporator this STATE OF RENTBOAT COUNTY OF JEFFERSON The foregoing instrument was acknowledged before me this wife ; 1980 by Fred R. Schlatter By countssion expires 机克雷等。 hereby certify that this Could, observed ARTHUR W. HOMAND, Attorney 237 South Fifth Street Lowisville, Kentucky 40202 268 an 390

**AIRVIEW ESTATES, INC.** 

**TAX RETURNS** 

FOR THE YEAR ENDED MARCH 31, 2003

120 Department of the Treasury Internal Revenue Service U.S. Corporation Income Tax Return 200 Instructions are separate. See Instructions for Paperwork Reduction Act Notice. IRS use only - Do not write or staple in this space. 4/01 For calendar year 2002 or tax year beginning 2002, ending 3/31 2003 OMB No. 1545-0123 A Check if a: B Employer identification number Consolidated return (attach Form 851) . Use IRS 61-0845250 label. AIRVIEW ESTATES, INC. C Date incorporated 2 Personal holding company (attach Schedule PH) . . . Otherwise 10411 FOREST GARDEN LANE print or 4/01/1972 LOUISVILLE, KY 40223 3 Personal service corp (as delined in Regs type. Total assets (see instructions) section 1.441-3(c) see instructions). Initial return Final return Name change Address change 228,202 E Check applicable boxes: 51,795 51, 795. b Less returns & allowances. c Balance. 1 a Gross receipts or sales. 1 c 2 Cost of goods sold (Schedule A. line 8)..... 2 Gross profit. Subtract line 2 from line 1c ..... 51,795 3 Dividends (Schedule C. line 19)..... 4 NCOMF Interest..... 5 6 Gross rents 6 Gross royalties.... 7 Capital gain net income (attach Schedule D (Form 1120))..... 8 Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)..... 9 Other income (see instructions — attach schedule)..... 10 Total income. Add lines 3 through 10..... 11 51,795 Compensation of officers (Schedule E, line 4) 12 Salaries and wages (less employment credits)..... 13 D 13 EDUCTIO 14 7,435 14 Repairs and maintenance ..... 15 15 16 Rents 16 1,139 Taxes and licenses SEE STATEMENT 1 17 18 18 Charitable contributions (see instructions for 10% limitation)..... 19 19 Depreciation (attach Form 4562) ..... 20 485. Less depreciation claimed on Schedule A and elsewhere on return ...... 21 a 21 b S E E 21 Depletion..... 22 22 23 23 DEDU Pension, profit-sharing, etc, plans..... 24 Employee benefit programs..... 25 54,948. 26 Total deductions. Add lines 12 through 26. 27 64,007. Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11...... 28 -12,21229 Less: a Net operating loss (NOL) deduction (see instructions)...... SEE. ST..3. 29 a b Special deductions (Schedule C, line 20)..... 29 c 30 -12.212Taxable income. Subtract line 29c from line 28 T Total tax (Schedule J, line 11) . . . . 0. 31 A X 32 Payments: a 2001 overpayment credited to 2002... b 2002 estimated tax payments..... A ND d Bal► 32 d 0. c Less 2002 refund applied for on Form 4466 . . | 32 c e Tax deposited with Form 7004 ..... 32 e P f Credit for tax paid on undistributed capital gains (attach Form 2439) . . . . . 32 f 32 h 0. g Credit for federal tax on fuels (attach Form 4136). See instructions . . . . . . 32 a MEN 33 33 Estimated tax penalty (see instructions). Check if Form 2220 is attached ...... 0. 34 Tax due, If line 32h is smaller than the total of lines 31 and 33, enter amount owed....... Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid . . . . . . . Enter amount of line 35 you want: Credited to 2003 estimated tax . . . . . . . . . Refunded ► Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

PRESIDENT May the IRS discuss this return with the preparer shown below? (see inst) Sign Here Signature of officer Title X Yes No Date Preparer's SSN or PTIN Preparer's signature Check if self-Paid 403-40-4011 Preparer's Firm's Name O'KOON & BROWNING 61-1244341 10101 LINN STATION, Use Only SUITE 550

CPCA0205L 12/19/02

Phone No. (502) 426-8601

Form 1120 (2002)

LOUISVILLE, KY 40223

BAA

orm 1120 (2002) AIRVIEW ESTATES, INC. 61-0845			Page 2		
		<del></del>	<del></del>		
1 Inventory at beginning of year			1 2		
3 Cost of labor		<del></del>	3		
4 Additional Section 263A costs (attach schedule)	· · · · · · · · · · · · · · · · · · ·		4		
5 Other costs (attach schedule)			5		
6 Total. Add lines 1 through 5			6		
7 Inventory at end of year			7		
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on lin	ne 2, page 1		8		
9a Check all methods used for valuing closing inventory:					
(i) Cost as described in Regulations section 1.471-3					
(ii) Lower of cost or market as described in Regulations section	1.471-4				
(iii) Other (specify method used and attach explanation.)					
b Check if there was a writedown of subnormal goods as described in f	Regulations section 1	1.471-2(c)	• 🔲		
c Check if the LIFO inventory method was adopted this tax year for any	y goods (if checked,	attach Form 970)	, ▶ 🔲		
d If the LIFO inventory method was used for this tax year, enter percent computed under LIFO	ntage (or amounts) o				
e if property is produced or acquired for resale, do the rules of section	263A apply to the co	orporation?	Yes No		
f Was there any change in determining quantities, cost, or valuations t	petween opening and	<b>!</b>	<u> </u>		
closing inventory? If 'Yes,' attach explanation			Yes No		
Schedule C Dividends and Special Deductions (see instructions)	(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)		
1 Dividends from less-than-20%-owned domestic corporations that are	1				
subject to the 70% deduction (other than debt-financed stock)		70			
2 Dividends from 20%-or-more-owned domestic corporations that are subject to the 80% deduction (other than debt-financed stock)	}	80			
3 Dividends on debt-financed stock of domestic and foreign corporations (section 246A).		SEE INSTR.	<del> </del>		
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42			
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	<del> </del>		
, , , , , , , , , , , , , , , , , , ,	<u> </u>				
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs that are subject to the 70% deduction	.]	70			
7 Dividends from 20%-or-more-owned foreign corporations					
and certain FSCs that are subject to the 80% deduction		80			
Dividends from wholly owned foreign subsidiaries subject to the 100% deduction (section 245(b))		100			
9 Total. Add lines 1 through 8. See instructions for limitation					
			<b></b>		
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100			
11 Dividends from certain FSCs that are subject to the 100% deduction (sec 245(c)(1))	` <del>  </del>	100			
12 Dividends from affiliated group members subject to the 100%	` <u> </u>				
deduction (section 243(a)(3))	.]	100			
13 Other dividends from foreign corporations not included on lines 3, 6, 7, 8, or 11					
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)		$\dashv$			
15 Foreign dividend gross-up (section 78)		$\dashv$			
	·				
18 Deduction for dividends paid on certain preferred stock of public utilities					
19 Total dividends. Add lines 1 through 17. Enter here and on line 4, page 1					
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here		je 1	<b>-</b>		
Schedule E Compensation of Officers (see instructions for lin	ne 12, page 1)				
Note: Complete Schedule E only if total receipts (line 1a	plus lines 4 through	10 on page 1) are \$500,	000 or more.		
1 (a) (b) (c) Perc	(a) (b) (c) Percent of Percent of corporation stock owned				
Name of officer Social security number to busi	iness (d) Com	mon (e) Preferred	compensation		
	8		ł I		
	- <del>8</del>		<u>t</u>		
			<b>t</b>		
	<u> </u>		k		
2 Total compensation of officers		~_ 1	- 1		
Compensation of officers claimed on Schedule A and elsewhere on relationships.	eturn	*******************	**		
4 Subtract line 3 from line 2. Enter the result here and on line 12, page					
CPCA0212L			Form 1120 (2002)		
			(2002)		
_	-27-				

Form	1120 (2002) AIRVIEW ESTATES	, INC. 61-	0845	250			Page 3
Sch	edule J Tax Computation (se	e instructions)					
1	Check if the corporation is a member of	a controlled group (se	e seci	tions 1561 and	1563)		
	Important: Members of a controlled grou	p, see instructions.					
2a	tt the box on line 1 is checked, enter the corporation	's share of the \$50,000, \$25	,000, &	\$9,925,000 taxable	e income brackets (in that or	der):	
	(1) \$ (2)	\$		(3)	\$		
	Enter the corporation's share of: (1) Addi	tional 5% tax (not more th	an \$11,7	750)	\$	[	
	(2) Addi	tional 3% tax (not more th	an \$100,	,000)	\$		
3	Income tax. Check if a qualified personal						
	(see instructions)	•				<b>3</b>	0.
	Alternative minimum tax (attach Form 46						
	Add lines 3 and 4	•					0.
	Foreign tax credit (attach Form 1118)						<u></u>
	Possessions tax credit (attach Form 573)						
	Check: Nonconventional source fuel credit	_			6 c		
	General business credit. Check box(es) a			P			
_	Form 3800 Form(s) (specify).				6d		<b>.</b>
	Credit for prior year minimum tax (attach						
	Qualified zone academy bond credit (atta			2-			
	Total credits. Add lines 6a through 6f						
	Subtract line 7 from line 5						
	Personal holding company tax (attach So						
	Other taxes. Check if from: Form 4						<del></del>
10				Form 8697			
	Form 8						
1 1 8 58838	Total tax. Add lines 8 through 10. Enter h	iere and on line 31, p	age I.	· · · · · · · · · · · · · · · · · · ·	· <u> </u>	11	0.
	edule K Other Information (see Check method of accounting:	Yes N	<u> </u>		<del></del>		
	Cash b X Accrual	18 1		At amustima	aliyada a dha da waxaya a dha		Yes No
	Other (specify)		∭ ′	own, directly	during the tax year, did or indirectly, at least 2	25% of (a) the total	
	See the instructions and enter the:			votina power	r of all classes of stock	of the corporation	
a	Business activity code no. ► 221300	)		entitled to vo	ote or (b) the total value corporation?	e of all classes of	X
b	Business activity  SERVICE Product or service  SEWER PLAN				er: (a) Percentage owne		
C	Product or service - SEWER PLAN						
3	At the end of the tax year, did the corpor directly or indirectly, 50% or more of the	ation own,			tion may have to file Fo	orm 5472.	1
	of a domestic corporation? (For rules of a	attribution,   🚟	<b>#</b>	Information I	Return of a 25% Foreio	in-Owned U.S.	
	see section 267(c).)	Transaction of the Control of the Co	<u>(</u>	a LLS Trade	or a Foreign Corporation or Business. Enter nu	on Engaged in Imber of	
	If 'Yes,' attach a schedule showing: (a) na and employer identification number (EIN)				attached		
	percentage owned, and (c) taxable incom	ne or	₿ 8		ox if the corporation is:		1
	(loss) before NOL and special deductions corporation for the tax year ending with o				ents with original issue		
	your tax year.	· *···			he corporation may ha		
4	Is the corporation a subsidiary in an affilia	ated group		Information I	Return for Publicly Offe	ered Original Issue	
	or a parent-subsidiary controlled group?.			Discount Ins			
	If 'Yes,' enter name and EIN of the parer	it corporation	<b>3</b>		nount of tax-exempt int		NONE
		{	10		ing the tax year		NONE
5	At the end of the tax year, did any individ	lual, part-	▒ ''		er)		year
	nership, corporation, estate or trust own.	directly or	31		ation has an NOL for th		ction
	indirectly, 50% or more of the corporation stock? (For rules of attribution, see section see section).	n's voting on 267(c).)   X	₩ '''	-	carryback period, che	*	
	If 'Yes,' attach a schedule showing name		***	-	ation is filing a consolic		
	identifying number. (Do not include any is	nformation		statement re	equired by Regulations	section 1.1502-21(b)	3)()
	atready entered in 4 above.)			or (ii) must b	pe attached or the elect	tion will not be valid.	
	Enter % owned >100.% SEE STATEMENT		12	Enter the av	ailable NOL carryover t	from prior tax years	
6	During this tax year, did the corporation i			•	ice it by any deduction	on line 29a.)	
	(other than stock dividends and distribution	onsin l	<b>3</b>	►\$	2,066. oration's total receipts	(line le mlue liere d	
	exchange for stock) in excess of the corp current and accumulated earnings and pi	oration's	<b>(3</b>	through 10 o	oration's total receipts in page 1) for the tax y	(line Ta plus lines 4 ear and its total asse	ts
	sections 301 and 316.)		<u>[</u> ]	at the end of	the tax year less than	\$250,000?	<u>X</u>
	If 'Yes,' file Form 5452, Corporate Report	of			corporation is not requi		
	Nondividend Distributions.  If this is a consolidated return, answer he	re for the		Scriedules L, total amount	, M-1, and M-2 on page of cash distributions a	e 4. Instead, enter the	
	parent corporation and on Form 851, Affil	liations		property dist	ributions (other than ca	ash) made during the	
	Schedule, for each subsidary.		<b>**</b>	tax year. 🟲		IONE	100
	If the corporation, at any time during the	200000	2000	•			

Note: The corporation is not required to complete Se				
Schedule L Balance Sheets per Books		of tax year		tax year
Assets	(a)	(b)	(c)	(d)
1 Cash		9,400.		1,174.
2a Trade notes and accounts receivable			<u></u>	
b Less allowance for bad debts			_	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				<u> </u>
6 Other current assets (attach schedule)SEE , ST 5.		5,000.		5,000.
7 Loans to shareholders		188,760.		185,260.
8 Mortgage and real estate loans				
9 Other investments (attach schedule)				
10a Buildings and other depreciable assets	77,392.		77,392.	
b Less accumulated depreciation	69,838.	7,554.	70,324.	7,068.
11 a Depletable assets	<del>,</del>			
b Less accumulated depletion				
12 Land (net of any amortization)		29,700.		29,700.
13a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets (attach schedule)				
15 Total assets		240,414.		228,202.
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach sch)				
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
22 Capital stock: a Preferred stock				
b Common stock	7,000.	7,000.	7,000.	
23 Additional paid-in capital.		62,392.	7,000.	7,000. 62,392.
24 Retained earnings — Approp (att sch)		02,332.		02,332.
25 Retained earnings — Unappropriated		180,022.		167,810.
26 Adjmnt to shareholders' equity (att sch)				
27 Less cost of treasury stock		9,000.		9,000.
28 Total liabilities and shareholders' equity		240,414.		228, 202.
Schedule M-1 Reconciliation of Income	(Loss) per Books	With Income per R	eturn (see instruction	ns)
1 Net income (loss) per books	-12,212.		n books this year not	
2 Federal income tax per books		included on this re	turn (itemize):	
3 Excess of capital losses over capital gains			<b></b>	
4 Income subject to tax not recorded on books		-		
this year (itemize):				
		8 Deductions on this retu	rn not charged	
5 Expenses recorded on books this year not		against book income th	is year (iternize):	
deducted on this return (itemize):		a Depreciation \$		
a Depreciation \$		b Charitable contribns \$		
b Charitable contributions . \$			~	
c Travel & entertainment . \$				4.33
			<del>-</del>	
		9 Add lines 7 and 8	·	0.
6 Add lines 1 through 5	-12,212.	10 Income (line 28, page 1	) — line 6 less line 9	-12,212.
Schedule M-2 Analysis of Unappropriat	ed Retained Earni	ngs per Books (Lin	e 25, Schedule L)	
1 Balance at beginning of year	180,022.	5 Distributions		<del></del>
2 Net income (loss) per books	-12,212.		c Property	<del></del>
3 Other increases (itemize):		6 Other decreases (i		
		•		
		7 Add lines 5 and 6.		~ ~
4 Add lines 1, 2, and 3	167,810.	8 Balance at end of year (	line 4 less line 7)	167,810.

### Form **2220**

**Underpayment of Estimated Tax by Corporations** 

y Corporations | 200'

2002

OMB No. 1545-0142

Department of the Treasury Internal Revenue Service

See separate instructions.
 Attach to the corporation's tax return.

Employer identification number AIRVIEW\_ESTATES, 61-0845250 In most cases, the corporation does not need to file Form 2220. (See Part I below for exceptions.) The IRS will figure any penalty owed and bill the corporation. If the corporation does not need to file Form 2220, it may still use it to figure the penalty. Enter the amount from line 34 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220. Reasons for Filing — Check the boxes below that apply to the corporation. If any boxes are checked, the corporation must file Form 2220, even if it does not owe the penalty. If the box on line 1 or line 2 applies, the corporation may be able to lower or Part 1 eliminate the penalty. 1 The corporation is using the annualized income installment method. 2 The corporation is using the adjusted seasonal installment method. 3 The corporation is a 'large corporation' figuring its first required installment based on the prior year's tax. Figuring the Underpayment Total tax-(sae instructions)..... 5a Personal holding company tax (Schedule PH (Form 1120), line 26) included 5 a b Look-back interest included on line 4 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income 5 b c Credit for Federal tax paid on fuels (see instructions) ..... d Total. Add lines 5a through 5c..... 5dSubtract line 5d from line 4. If the result is less than \$500, do not complete or file this form, The corporation does not owe the penalty ...... 6 Enter the tax shown on the corporation's 2001 income tax return (see instructions) Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 6 Enter the smaller of line 6 or line 7. If the corporation is required to skip line 7, enter the amount from line 6 8 (a) (b) (c) <u>(d)</u> Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990 – PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's 9 tax year... 10 Required installments. If the box on line 1 and/or line 2 above is checked, enter the amounts from Schedule A, line 40. If the box on line 3 (but not 1 or 2) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 8 above in each column. 10 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15..... 11 Complete lines 12 through 18 of one column before going to the next column. 12 Enter amount, if any, from line 18 of the 12 preceding column...... Add lines 11 and 12....... 13 Add amounts on lines 16 and 17 of the preceding column..... Subtract line 14 from line 13. If zero or less, enter -0-.... 15 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0. 16 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18.... 17 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column

Complete Part III on page 2 to figure the penalty. If there are no entries on line 17, no penalty is owed.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2002)

***************************************	<b>Figuring</b>		D 14
<b>49 11 3 11 3 3 3</b>	FIGURINA	the	Penalty
100-100-024-000001	, igainig	****	

					·	
		L	(a)	(p)	(c)	(d)
19	Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers:  Use 5th month instead of 3rd month.)	19				
20	Number of days from due date of installment on line 9 to the date shown on line 19	20				
21	Number of days on line 20 after 4/15/2002 and before 1/1/2003	21				
22	Underpayment on line 17 X Number of days on line 21 X 6%	22				
23	Number of days on line 20 after 12/31/2002 and before 4/1/2003	23	-			
24	Underpayment on line 17  Number of days on line 23  X 5%	24				
25	Number of days on line 20 after 3/31/2003 and before 7/1/2003	25		 		
26	Underpayment Number of days on line 17 X on line 25 X *%	26				
27	Number of days on line 20 after 6/30/2003 and before 10/1/2003.	27				
28	Underpayment on line 17 X Number of days on line 27 X **%	28				
29	Number of days on line 20 after 9/30/2003 and before 1/1/2004.	29				
30	Underpayment Number of days on line 17 x on line 29 x *%	30				
31	Number of days on line 20 after 12/31/2003 and before 2/16/2004.	31				
32	Underpayment on line 17 x Number of days on line 31 x **%	32				
33	Add lines 22, 24, 26, 28, 30, and 32	33				
34	Penalty. Add columns (a) through (d), of line 33. line 29; or the comparable line for other income	Ente lax re	r the total here and or	Form 1120, line 33; l	Form 1120-A,	0.

Form 2220 (2002)

<sup>\*</sup>For underpayments paid after March 31, 2003: For lines 26, 28, 30, and 32, use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS Web Site at www.irs.gov. You can also call 1-800-829-1040 to get interest rate information.

### Form **4562**

## Depreciation and Amortization (Including Information on Listed Property) See separate instructions. Attach to your tax return.

OMB No. 1545-0172 2002

67

Department of the Treasury Internal Revenue Service

	Name(s) shown on return AIRVIEW ESTATES, INC.							Identifying number 61-0845250	
Busine	ess or activity to which this form rela	tes							
FOF	XM 1120								
Pai	Election To Ex Note: If you have	xpense Certair any listed property	Tangible Property v, complete Part V before	Under Sect	ion 179 Part I.				
1	Maximum amount. See ins	tructions for a high	ner limit for certain busin	esses			1	\$24,000.	
2	Total cost of section 179 pe	roperty placed in s	ervice (see instructions)	<i>.</i>			2		
3	Threshold cost of section 1						3	\$200,000.	
4	Reduction in limitation, Sul		·				4		
5	Dollar limitation for tax yea separately, see instructions	r. Subtract fine 4 f	rom line 1. If zero or les	s, enter -0 If m	arried fili	ng 	5		
6		Description of property		(b) Cost (business			t		
7	Listed property. Enter the	amount from line 2	9		. 7	·			
8	Total elected cost of section		-	• •			8_		
9	Tentative deduction. Enter						9		
10	Carryover of disallowed de		-				10		
11	Business income limitation		•				11		
12	Section 179 expense deduc					<u> </u>	12		
13 Note	Carryover of disallowed de : Do not use Part II or Part				7 13				
			nce and Other Dep		mat in also	do liebo d secono sub		<del></del>	
	Special depreciation allows	ance for qualified p	property (other than liste	d property) place	ed in serv				
15	tax year (see instructions) Property subject to section		(con inclarations)			• • • • • • • • • • • • • • • • • • • •	14		
16							16	485.	
			include listed property.)			<u></u>	10	303.	
2.22	madica bepri	cciacion (bono	Sectio		13)				
17	MACRS deductions for ass	ets placed in servi					17		
18	If you are electing under se one or more general asset	ection 168(i)(4) to	group any assets placed	in service durin	g the tax	year into			
			in Service During 2002				ysten	1	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convent	(f)		(g) Depreciation deduction	
19 a	3-year property			_					
Ŀ	5-year property				I				
	7-year property				]				
	10-year property			····	<u> </u>				
	15-year property				ļ				
	20-year property				<u> </u>			<u> </u>	
	25-year property			25 yrs	ļ <u>.</u> .	S/L			
ŀ	Residential rental			27.5 yrs	MM	S/L			
	property	<del></del>		27.5 yrs	MM	S/L			
1	Nonresidential real	<del> </del>		39 yrs	MM	<del></del>		<del></del>	
	<u> </u>	Accete Placed in	Service During 2002 Ta	v Vaar Halan Ha			Esent.	<u> </u>	
20:	Class life		Service During 2002 (a	ix rear using un	- Alternat	S/L	Syste	em	
	12-year	•		12 yrs	<del> </del>	S/L			
	: 40-year			40 yrs	MM				
	1 IV Summary (see			1	<u>,</u>	3, 11			
21	· · · · · · · · · · · · · · · · · · ·						21		
22	Total. Add amounts from line 12, of your return. Partnerships and S	fines 14 through 17, lin	as (a) amulas ni OS bas P1 zer	d line 21. Enter here	and on the	appropriate lines	22	485.	
23	For assets shown above arthe portion of the basis attr				23				
	For Paperwork Reduction			FDIZ0812L				Form 4562 (2002)	

2002	FEDERAL CTATEMENTS	
2002	FEDERAL STATEMENTS	PAGE 1
	AIRVIEW ESTATES, INC.	61-0845250
STATEMENT 1 FORM 1120, LINE 17 TAXES AND LICENSES LICENSES AND PERMI	TOTAL	1,139. 1,139.
STATEMENT 2 FORM 1120, LINE 26 OTHER DEDUCTIONS	-	
CLEANING INSURANCE LAB COST, TESTING, LAWN CARE LEGAL AND PROFESSION MANAGEMENT FEE OPERATING FEES SLUDGE REMOVAL UTILITIES	ETC. ONAL TOTAL	125. 1,086. 1,466. 23,999. 1,605. 2,583. 2,750. 6,600. 2,235. 4,422. 8,077. 54,948.
STATEMENT 3 FORM 1120, LINE 29A NET OPERATING LOSS	DEDUCTION	
CARRYOVER GENERATED	FROM YEAR END 3/31/00 \$ 2,066.	
AVAILABLE FOR CAF	RRYOVER TO 2002	2,066.
	ES AVAILABLE IN 2002	
TOTAL NET OPERATING	G LOSS DEDUCTION (LIMITED TO TAXABLE INCOME)	<u> </u>
STATEMENT 4 FORM 1120, SCHEDULE 50% OR MORE OWNER  NAME : ID NUMBER : PERCENTAGE OWNED :	FRED SCHLATTER 404-30-0713	

2002

### **FEDERAL STATEMENTS**

PAGE 2

AIRVIEW ESTATES, INC.

61-0845250

STATEMENT 5 FORM 1120, SCHEDULE L, LINE 6 OTHER CURRENT ASSETS



1030

#### 720 41A720

### Kentucky Corporation Income and License Tax Return

2002 Taxable Year Ending 3/03

KYCA0101L 12/19/02

Revenue Cabinet (S Corporations Use Form 720S) 3/03 4/01 See separate instructions. Taxable period beginning . 2002, and ending 3/31 2003 MO/YR A Check applicable box(es). C Kentucky Account Number B Federal Identification Number Income Tax Return 61-0845250 033072 X Separate entity Name of Corporation or Affiliated Group (Place preaddressed label here; otherwise print or type.) State and Date of Incorporation Consolidated

Must attach Form 722 AIRVIEW ESTATES, INC. KY 4/01/1972 Return pot required Number and Street Principal Business Activity in Kentucky Enter code 10411 FOREST GARDEN LANE SERVICE License Tax Return City ZIP Code Telephone Number Kentucky Business Code Number X Separate entity LOUISVILLE, KY 40223 221300 Consolidated D Name of Common Parent Kentucky Account Number Federal Business Code Number Return not required 033072 221300 Enter code E Check if applicable: LLC Initial return Final return/dissolution Final return/withdrawal Short-period return (attach statement of explanation) Change of name/address PART I - TAXABLE INCOME COMPUTATION Income tax overpayment...... Credited to 2002 license tax Federal taxable income (Form 1120, -12212.line 28; Form 1120A, line 24)...... 19 ADDITIONS: Amount to be refunded..... 2 Interest income (state and local obligations) . . . . PART III - LICENSE TAX COMPUTATION 3 State taxes based on net/gross income . . . . . . . Capital stock..... 60392. Computation of surplus (attach schedules for a & b) Caution: An election 5 228202. a Total assets..... to file a consolidated income tax return 6 Other (attach schedule)..... b Less debts..... does not apply for -12212228202 7 Total (add lines 1 through 6) ...... c Net assets..... license tax. See instructions. SUBTRACTIONS: 60392 d Less capital stock. 167810. 8 Interest income (U.S. obligations)...... Surplus (line 2c minus 2d)..... Dividend income..... Advances by affiliated companies ....... 10 Federal work opportunity credit....... Intercompany accounts ...... 6 Borrowed moneys..... 12 Other (attach schedule)..... Less moneys borrowed for inventory...... -1221213 Net income (line 7 less lines 8 through 12)..... Less KRS 136.071 deduction ..... -12212 14 Taxable net income (attach Sch A if applicable) . . . 228202. 9 Total capital (combine lines 1 and 3 through 8) . . . . . 15 Net operating loss deduction..... 100.0000% 10 Apportionment fraction (attach Sch A if applicable) . . . -1221216 Taxable net income (after NOLD)...... 228202. 11 Capital employed subject to tax..... PART II - INCOME TAX COMPUTATION 479. Tax before credit (line 11 multiplied by .0021)..... Income tax liability (see instructions).... 319. License tax credit (maximum \$490)...... 2 Economic development tax credits...... 160. 14 License tax liability (minimum \$30)...... Unemployment tax credit ...... Kentucky investment fund tax credit . . . . . Recycling/composting equipment tax credit . . . . . . 16 KIRA tax credit (see instructions)...... 5 17 Coal incentive tax credit..... 6 Enterprise zone tax credit.....  $16\overline{0}$ . 18 Net license tax liability..... 7 Kentucky investment fund tax credit . . . . . 19 Extension payment ..... 8 20 Income tax overpayment (Part II, line 18) . . 9 Qualified research facility tax credit . . . . . 160.21 License tax due..... 10 22 License tax overpayment ..... 23 Credited to 2002 income tax..... 12 Estimated payments ..... 24 13 Extension payment..... Prior year's credit..... 14 Mail return with payment to: 15 License tax overpayment (Part III, line 23) . . . . . . . Kentucky Revenue Cabinet, Frankfort, Kentucky 40620. TAX PAYMENT SUMMARY (Round to Nearest Dollar) Make check(s) payable to Kentucky State Treasurer or check here if EFT payment. 16. income Penalty 4147200212 160. License 3. Interest Total (Including Penalty and Interest)..... 179

Federal Form 1120, pages 1 and 4, or 1120A, pages 1 and 2, must be attached.

### SCHEDULE Q - KENTUCKY CORPORATION QUESTIONNAIRE

KYCA0102L 08/26/02

IMPORTANT: Questions 4 - 12 must be completed by all corporations. If this is the corporation's initial return or if the corporation did not file a return under the same name and same federal identification number for the preceding year, questions 1, 2 and 3 must be answered. Failure to do so may result in a request for a delinquent return.			Did any corporation, individual, partnership, trust or association at any time during the taxable year own 50 percent or more of the corporation's voting stock?
			identification number of the entity. SEE STMT 1
1	(b) successor to previously existing business which was organized as: (1) corporation; (2) partnership;	7	If the corporation has a KNOL for the taxable year and is electing to forego the net operating loss carryback period, check here.
	(3) sole proprietorship; or (4) other		in Kentucky?
	If successor to previously existing business, give name, address and federal identification number of the previous business organization.		Did the corporation have property or payroll in Kentucky, other than partnership property or payroll? Yes X No
		9	Was this return prepared on: (a) cash basis, (b) X accrual basis, (c) other
2	List the following <i>Kentucky</i> account numbers. Enter N/A for any number not applicable.	10	Is the corporation a public service corporation subject to taxation
	Employer withholding		under KRS 136.120? Yes X No
	Sales and use tax permit	11 a	Did the corporation file a Kentucky intangible property tax
	Consumer use tax		return for January 1, 2003? Yes XNo
	Unemployment insurance	Ь	Did the corporation file a Kentucky tangible personal property
2	Coal severance and/or processing tax.		tax return for January 1, 2003?
	If a foreign corporation, enter the date qualified to do business in Kentucky	12	
	THE RECKY	12	Is the corporation currently under audit by the Internal
_		ì	Revenue Service?
4	The corporation's books are in care of: (name and address)	1	If 'Yes,' enter years under audit
	the estipolation of books and and address)		
		-	If the Internal Revenue Service has made final and unappealable adjustments to the corporation's taxable income which have not
			been reported to this cabinet, check here and file Form 720X,
5	Did the corporation at any time during the taxable year own 50 percent or more of the voting stock of another corporation, either domestic or foreign?		Amended Kentucky Corporation Income Tax and Corporation License Tax Return, for each year adjusted and attach a copy of the final determination.
)FFI	CER INFORMATION (Failure to provide requested information may	result	
	he officer information entered below changed from the last return fi		Yes X No
resi	dent's name:	Tre	asurer's name:
-resi	dent's home address:	Tre	asurer's home address:
resi	dent's social security number:	Tre	asurer's social security number:
/ice	President's game	٥	votenda manas
Vice President's name: Vice President's home address:		Sec.	retary's name:
			retary's home address:
	President's social security number:		retary's social security number:
, the state	undersigned, declare under the penalties of perjury, that I have ex ments, and to the best of my knowledge and belief, they are true, c	amine orrect	d these returns, including all accompanying schedules and and complete.
	<u> </u>		
	41A7200222 Signature of Principal Officer or Chief Acc		Officer Date
	WEINBERG, O'KOON &	BROW	NING, P.S.C. 61-1244341
-		tification	Number of Person or Firm Preparing Return
1	D30 10101 LTNN STATION	SHI	TE SSO LOUISVILLE KV 40222

### **Kentucky Assets and Debts**

_		
	Assets	<del></del>
1	Cash	1,174.
2a	Trade notes and accounts receivable	
b	Less allowance for bad debts	
3	Inventories	
4	U.S. government obligations	
5	Tax-exempt securities	
6	Other current assets	5,000.
7	Loans to shareholders	185,260.
8	Mortgage and real estate loans	
9	Other investments	
10 a	Buildings and other depreciable assets	
	Less accumulated depreciation	 7,068.
	Depletable assets	
t	Less accumulated depletion	
	Land (net of any amortization)	 29,700.
	Intangible assets (amortizable only)	
	Less accumulated amortization.	<u></u>
14	Other assets	
15	Total assets	228,202.
	Debts	
16	Accounts payable	
17	Mortgages, notes, bonds payable in less than 1 year	
18	Other current liabilities	<u> </u>
19	Loans from shareholders	
20	Mortgages, notes, bonds payable in 1 year or more	
21	Other liabilities	
_22	Total debts	0.

2002

### **KENTUCKY STATEMENTS**

PAGE 1

CLIENT 90

AIRVIEW ESTATES, INC.

033072 12:13PM

10/31/03

STATEMENT 1 FORM 720, PAGE 2, QUESTION 6 50% OR MORE OWNERS

NAME

FRED SCHLATTER

ID NUMBER

404-30-0713

PERCENTAGE OWNED :

100.00%

STATEMENT 2 FORM 720, PAGE 1, PART III, LINE 2A OTHER CURRENT ASSETS

5,000. 5,000.